Proof of Properly Equipped Facility Checklist

Equipment, Records, Drugs, and Facility

Pursuant to Ohio Administrative Code 4715-5-07 (B)(4) you must provide evidence that you have a properly equipped facility(s), whether fixed, mobile, or portable, in which the permit holder agrees to have available and utilize adequate monitoring, personnel, emergency equipment and drugs as recommended in the "Guidelines for the Use of Sedation and General Anesthesia by Dentists" as adopted by the October 2007 American Dental Association house of delegates.

<u>Initial in handwriting</u> all that are or will be in place and functional in your office during the office conscious sedation evaluation.

| Drug Control Program (Give a brief description on separate page. Please include methods of storage, security measures, tracking of outdates, and reorder protocol.) | | | | | | | |
|---|----|--------------------|-------|----|--------|--|--|
| Reserve Oxygen Supply | | | | | | | |
| ☐ Automatic Switchover? | | Manual Switchover? | | | | | |
| Electrocardiogram | | | | | | | |
| (Hard copy available?) | | YES | | NO | | | |
| Pulse Oximeter | | | | | | | |
| (Hard copy available?) | | YES | | NO | | | |
| Blood Pressure Apparatus | | Autom | natic | | Manual | | |
| (Hard copy available?) | | YES | | NO | | | |
| Reserve Suction | | | | | | | |
| ☐ Battery Powered | | | | | | | |
| □ Water Powered | | | | | | | |
| ☐ Oxygen Powered | | | | | | | |
| □ Manual | | | | | | | |
| Oropharyngeal Airways | | | | | | | |
| (Adult and Pediatric sizes? |)) | | YES | | NO | | |

| Sedation Record – (attach copy to application) | | | | | |
|--|--|--|--|--|--|
| Preoperative medical history, blood pressure, pulse rate, body weight | | | | | |
| (attach copy to application) | | | | | |
| Safety-indexed fittings on all piped gas connections and outlets | | | | | |
| Steam, Dry Heat, ChemClave, or Gas Sterilizer | | | | | |
| Hepatitis Inoculations for all "patient contact" personnel | | | | | |
| Crash Cart | | | | | |
| Positive Pressure Oxygen Delivery System | | | | | |
| Method of checking accuracy of oxygen source | | | | | |
| Trained personnel in recommended numbers | | | | | |
| Auxiliary lighting available in each operatory | | | | | |
| What type of practice? | | | | | |
| ☐ General Practice | | | | | |
| □ Specialty Practice (Type) | | | | | |
| | | | | | |
| I am specifically applying and meet the qualifications for a conscious sedation permit that will allow me to administer conscious sedation for the following. (Please check althat apply). | | | | | |
| ☐ Oral for children 12 years or younger | | | | | |
| ☐ Non-intravenous parenteral | | | | | |
| ☐ Intravenous | | | | | |